## FCC 395

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information

1. Name and Mailing Address of Respondent

Laurel Highland Telephone Company
4157 Main Street
Stahlstown, PA 15687

2. Year Report Filed
2019

3. Reporting Period (Ending Date of Pay Period Covered by Report)
March 2, 2019

4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 16 or more (complete all sections)

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SECTION II - Full-Time Empl	oyee	s.														
		Number of Employees (Report employees in only one category)														
Job Categories		Race/Ethnicity														
		Hispanic or Latino		Not-Hispanic or Latino												
				Male							Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		А	В	С	D	E,	F	G	н	1	J	- к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1			1						0						1
First/Mid-Level Officials and Managers	1.2			4						3						7
Professionals	2			1						3						4
Technicians	3			11						0						11
Sales Workers	4			4						0						4
Administrative Support Workers	5			2						14						16
Craft Workers	6			24						1						25
Operatives	7			0						0						0
Laborers and Helpers	8			2						0						2
Service Workers	9			0						0						0
TOTAL	10	0	0	49	0	0	0	0	0	21	0	0	0	0	0	70
PREVIOUS YEAR TOTAL	11	0	0	40	0	0	0	0	0	22	0	0	0	0	0	62

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SECTION III - Part-Time Em	ploye	es.														
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
		Launo		Male Female											Total Columns	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1			0						0						0
First/Mid-Level Officials and Managers	1.2			0						0						0
Professionals	2			0						0						0
Technicians	3			1						0						1
Sales Workers	4			0						0						0
Administrative Support Workers	5			0						1						1
Craft Workers	6			0					,	0						0
Operatives	7			0						0						. 0
Laborers and Helpers	8			1						0						1
Service Workers	9			0						0		7.	7			0
TOTAL	10	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
PREVIOUS YEAR TOTAL	11			2						3						5
SECTION IV - Report of Disc	rimin	ation Compla	aints Pursuar	nt to 47 CFR	22.321, 23.55	, 90.168, 101	.4, and 101.3	11.								
This is to advise to company before a	iny bo	dy naving col	mpetent jurisd	iction in such	matters durin	g the calenda	r year covere	ed by this repo	ort.						*,	
This is to advise to (Attach a list indic	he Co ating	mmission tha parties involve	t the following ed, date filed,	complaints a courts or age	alleging violati encies before	ons of the pro which the mat	visions of any ter has been	y equal emplo heard, file nu	yment opportu mber or other	inity statute h designation,	nave been file and current s	d against this tatus or dispos	company. sition.			
SECTION V - Certification																
certify that to the best of my k					nts in this rep											
05/10/2019		nes J Ka	ame of Perso	n Signing	Signature Telephone No. (724) 593-2411								2			
Title of Person Signing President & CEO					WILLFULLY F OF ANY STA	ALSE STATE	MENTS MAD	DE ON THIS T	ORM ARE DI	INICHABLE	BY FINE AND 1) AND/OR F		ONIMENIT /10	1100 1001	AND/OR REV	VOCATION